

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DWQ Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use **RECEIVED**
I. D. Number
N.C. Dept. of EHN
Date Received

INSTRUCTIONS

Complete and return at least five (5) working days prior to closure or change-in-service if a Professional Engineer (P.E.) or a Licensed Geologist (L.G.) provides supervision for closure or change-in-service site assessment activities and signs and seals all closure reports. Otherwise, thirty (30) days notice is required.

JUL 08 1997

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: LAOD FURNITURE, INC

(Corporation, Individual, Public Agency or Other Entity)

Street Address: 1 PLAZA CENTER

County: _____

City: High Point State: NC Zip Code: 27261Tele. No. (Area Code): 910-889-0333

II. LOCATION OF TANK(S)

Facility Name or Company: AMERICAN DREWFacility ID # (if available): 0-006487Street Address or State Road: Highway 268 EastCounty: Wilkes City: N. WILKESBORO Zip Code: 28659Tele. No. (Area Code): 910-838-2121

III. CONTACT PERSON

Name: JACK GREER

Job Title: _____

Telephone Number: (____) _____

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Submit a closure report in the format of GW/UST-12 and include the form GW/UST-2 within 30 days following the site investigation.
7. If a release from the tank(s) has occurred, the site assessment portion of the tank

- closure must be conducted under the supervision of a P.E. or L.G., with all closure site assessment reports bearing signature and seal of the P.E. or L.G. If a release has not occurred, the supervision, signature, or seal of a P.E. or L.G. is not required.
8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: SPATCO ENVIRONMENTALAddress: 5100 I-85 N suite 7, Charlotte State: NCZip Code: 28206Contact: Mike WarnerPhone: 704-596-8624Primary Consultant: SPATCO ENVIRONMENTALPhone: 704-596-8624

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE	CHANGE-IN-SERVICE	
			Removal	Abandonment in Place	New Contents Stored
<u>2</u>	<u>20,000</u>	<u>Fuel Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Michael Warner - Construction Mgr*Scheduled Removal Date: 7-10-97Signature: Mike WarnerDate Submitted: 7-2-97

*If scheduled work date changes, notify your appropriate DWQ Regional Office 48 hours prior to originally scheduled date.